



7780 Office Plaza Drive S. Suite 184 West Des Moines, IA 50266-2337 Phone: 515.223.0159 Fax: 515.223.5429 www.kiesling.com

October 11, 2013

Received & Inspected
OCT 2 4 2013

FCC Mail Room

Office of the Secretary Federal Communications Commission 9300 East Hampton Drive Capitol Heights, MD 20743

RE: In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).

With this letter we file **Dixon Telephone Company (SAC 359133)** FCC Form 481, which is due to the Commission on or before October 15, 2013.

This filing has already been submitted with USAC and an electronic filing has been made with the relevant state regulatory agency.

Please call me at 515-223-0159 if you have any questions concerning this filing.

KIESLING ASSOCIATES LLP

Robert I. Umsted, CPA

Regulatory Consultant/Senior Manager

Enclosures

cc: Howard Hunt, Dixon Telephone Company

No. of Copies rec'd_	0
List ABCDE	

	m 481 - Carrier Annual Reporting allection Form	July 2012	erol No. 3060-0986/CNAB Control No. 3060-0819
<010>	Study Area Code	359133	
<015>	Study Area Name	Dixon Telephone Company	nec'te
<020>	Program Year	2014	8 M24 013
<030>	Contact Name: Person USAC should contact with questions about this data	Howard Hunt	Shed Sylve Boom
<035>	Contact Telephone Number: Number of the person identified in data line <030	563-843-2901 )>	See Cr. Mail
<039>	Contact Email Address: Email of the person identified in data line <030>	hmhjr@netins.net	REGULATION SALES
ANNUA	AL REPORTING FOR ALL CARRIERS		Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)  ✓
<200> <210>	Outage Reporting (voice)	(complete attached worksheet) f no outages to report	
<310>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)	(attach descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile 0.0  Number of Complaints per 1,000 customers (broad Fixed Mobile		
<900> <1000> <1010> <1100> <1110>	359133ia510 Functionality in Emergency Situations 359133ia610 Company Price Offerings (voice)	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) (if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) (if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers affiliated with Price Cap Addition Rate of Return Carriers, Proceed to <u>ROR Addition</u>	rice Cap Local Exchange Carriers (check to indicate certification) (complete attached worksheet)	
<3005>		(complete attached worksheet)	

	ervice Quality Improvement Reporting illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 359133	
<015>	Study Area Name Dixon Tel	ephone Company
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data	ward Hunt
<035>	Contact Telephone Number - Number of person identified in data line <030>	563-843-2901
<039>	Contact Email Address - Email Address of person identified in data line <030>	hmhjr@netins.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O O
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.	
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	<del>  - </del>
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)  Pata Collection Form  OMB Control No. 3060-0986/OM July 2013	IB Control No. 3060-0819
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<010>	Study Area Code	359133
<015>	Study Area Name	Dixon Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Howard Hunt
<035>	Contact Telephone Number - Number of person identified in data line <	030> 563-843-2901
<039>	Contact Email Address - Email Address of person identified in data line <	c030> hmhjr@netins.net

<220>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>&gt;</d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
_ <010>	Study Area Code	359133	
<015>	Study Area Name	Dixon Telephone Company	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Howard Hunt	
<035>	Contact Telephone Number - Number of person identified in data line <030>	563-843-2901	
<039>	Contact Email Address - Email Address of person identified in data line <030>	hmhjr@netins.net	
<701>	Residential Local Service Charge Effective Date 1/1/2013		

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>		<6d>>	<b4></b4>	<b5></b5>	<b>(0)</b>
	63-4-	F (11 F.C.)	CAC (CETC)	Data Tura	Residential Local	Cana Culoudh - Hua Chan-	Canta Habaaaa Camba Ca	Mandatory Extended Area	Takalaan Kun Bakaan ad Fas
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee
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				<u> </u>					
				-					
		<del></del>			C#		<del></del>		<del> </del>
			<u> </u>		See all	ached worksheet			
									<del></del>
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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 /OMB Control No. 3060-0819 July 2013
<010> Study Area Code	359133
<015> Study Area Name	Dixon Telephone Company
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Howard Hunt

<035> Contact Telephone Number - Number of person identified in data line <030> <sup>563-843-2901</sup>
<039> Contact Email Address - Email Address of person identified in data line <030> hmhjr@netins.net

<711>	eq1>	<b>42</b> 2	<b>(41)</b>	<b>&lt;</b> b2>	<u> </u>	<d1></d1>	4623	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
							<u> </u>		
				e attached					
			work	sheet					
						<u> </u>			L

	erating Companies lection Form		A second	FCC Form 481 OMB Control No., 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		359133	
<015>	Study Area Name		Dixon Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Howard Hunt	
<035>	Contact Telephone Nun	nber - Number of person identified in data line <	030> 563-843-2901	
<039>	Contact Email Address -	Email Address of person identified in data line <	030> hmhjr@netins.net	
<810>	Reporting Carrier	Dixon Telephone Company		
<811>	Holding Company	Dixon Telephone Company		
<812>	Operating Company	Dixon Telephone Company		

Affiliates SAC Doing Business As Company or Brand Designation	1
	•
See a <mark>ttached works</mark> heet	

Collection Form   Collection	
<010> Study Area Code <015> Study Area Name <020> Program Year <203 Contact Name - Person USAC should contact regarding this data <	JU-U819
Study Area Name  Olixon Telephone Company  Olivon Telephone Company  Ontact Name - Person USAC should contact regarding this data  Ontact Telephone Number - Number of person identified in data line (330) 563-843-2901  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Contact Email Address - Email Address of person identified in data line (300) hamby remetina.net  Name of Attached Document (.pdf)  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data	
<030> Contact Name - Person USAC should contact regarding this data	
<035> Contact Telephone Number - Number of person identified in data line <030> 563-843-2901 <039> Contact Email Address - Email Address of person identified in data line <030> hmhjrenetina.net <910> Tribal Land(s) on which ETC Serves Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No,	
<039> Contact Email Address - Email Address of person identified in data line <030> hmhjr@netina.net <910> Tribal Land(s) on which ETC Serves <a href="#">Name of Attached Document (.pdf)</a> If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No,	
<920> Tribal Government Engagement Obligation Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No,	
<920> Tribal Government Engagement Obligation	
Name of Attached Document (.pdf)  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
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Name of Attached Document (.pdf)  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
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Name of Attached Document (.pdf)  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
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each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
government pursuant to § 54.313(a)(9) includes:  Select (Yes,No,	
Select (Yes,No,	
(Yes,No,	
NA)	
<921> Needs assessment and deployment planning with a focus on Tribal	
community anchor institutions;	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359133
<015>	Study Area Name	Dixon Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Howard Hunt
<035>	Contact Telephone Number - Number of person identified in data line <030>	563-843-2901
<039>	Contact Email Address - Email Address of person identified in data line <030>	hmhjr@netins.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers action Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		359133	
<015>	Study Area Name		Dixon Telephone Company	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Howard Hunt	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	563-843-2901	
<039>	Contact Email Address - Email Address of person identified in data I	ine <030:	hmhjr@netins.net	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website		Name of attached document (.pdf) https://www.iwireless.com/customer_su	pport-lifeline.asp
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<b>7</b>		
<1222>	Details on the number of minutes provided as part of the plan,	<b>/</b>		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
detail and the			
		_	
<010>	Study Area Code 35913		
<015>		Telephone Company	
<020>	Program Year 2014		
<030>		1 Hunt	·- <u></u>
<035>	Contract to the first terms of t	3-843-2901	
<039>	Contact Email Address - Email Address of person identified in data line <030> h	nhjr@netins.net	
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect America	Phase I support, frozen High Cost support, High Cost support to offset a	access charge reductions, and Connect America Phase II
O		ne information reported on this form and in the documents attached b	
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
			<b></b>
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	•		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recip	ient	<del></del>
	of CAF Phase II support shall provide the number, names, and addresses o		
	community anchor institutions to which began providing access to broadb		
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	
	- ·		

(anon) as	te Of Return Carrier Additional Documentation		FCC Ferm 481
	ection Form		OMB Control No. 3050-0985/OM8 Control No. 3050-0819
			July 2013
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<010>	Study Area Code 359133		
<015>	7	lephone Company	
<020> <030>		ward Hunt	
<035>	Contact Telephone Number - Number of person identified in data line <030>	563-843-2901	
<039>	Contact Email Address - Email Address of person identified in data line <030>	hmhjr@netins.net	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu: CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring of the information reported on this form and in the documents attach	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification $\{47\ CFR\ \S\ 54.313\{f\}\{1\}\{i\}\}$ Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		III
(3017) (3018)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	[Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
(3022)	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023) (3024)	Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
		n	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	> Study Area Code		
<015>	Study Area Name	Dixon Telephone Company	
<020>	Program Year	2014	
<030>	<030> Contact Name - Person USAC should contact regarding this data Howard Hunt		
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 563-843-2901		
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> hmhjr@netins.net		

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients				
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can be	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme under Title 18 of the United States Code, 18 U.S.C. § 1001.	nt		

1889116111889111611	don - Agent / Confer lection Form	FCC Form 483 QMB Control No. 3060-0986/07Alf Control No. 3060-0819 July 2013
<010>	Study Area Code	359133
<015>	Study Area Name	Dixon Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC	should contact regarding this data Howard Hunt
<035>	Contact Telephone Number - I	Number of person identified in data line <030> 563-843-2901
<039>	Contact Email Address - Email	Address of person identified in data line <030> hmhjr@netins.net

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent): ioward. Hunt is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent: Howard Hunt				
Name of Reporting Carrier: Dixon Telephone Company				
signature of Authorized Officer: CERTIFIED ONLINE		Date: 10/01/2013		
Printed name of Authorized Officer: Howard Hunt				
Title or position of Authorized Officer: Manager				
elephone number of Authorized Officer: 563-843-2901				
Study Area Code of Reporting Carrier: 359133	Filing Due Date for this form: 10/15/2013	<del>-</del>		

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

certification of Agent Authorized t	o File Annual Reports for CAF or	Li Recipients on Benai	TO Reporting Carrier		
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier: Dixon Telephone Company					
Name of Authorized Agent or Employee of Agent: Kiesling Asso	ciates LLP				
ignature of Authorized Agent or Employee of Agent: CERTIFIED ON	NLINE		Date: 10/01/2013		
rinted name of Authorized Agent or Employee of Agent: Kiesling	Associates LLP				
itle or position of Authorized Agent or Employee of Agent Regulator	ry Consultant				
elephone number of Authorized Agent or Employee of Agent: 515-223	3-0159				
Study Area Code of Reporting Carrier: 359133	Filing Due Date for this form:	10/15/2013			

Attachments

# FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Dixon Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

## FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Dixon Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.